

DEFENDANTS'

EXHIBIT C

Lethal Injection Grievances Records

AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF WALKER §

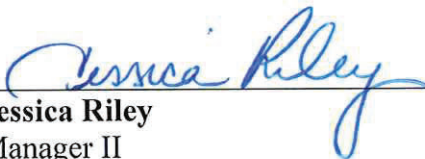
BEFORE ME, the undersigned authority, on this day personally appeared Jessica Riley, who, being by me duly sworn, deposed as follows:

My name is Jessica Riley and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of records for the Inmate Grievance Department, a part of the TDCJ located in Huntsville, Texas. Attached are true and correct copies of *the grievances filed by inmate Murphy, Jedidiah TDCJ#00999392 CN#3.10-CV-00163, for the time period of his incarceration*, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I declare under penalty of perjury that the foregoing is true and correct.

"Further Affiant sayeth not."

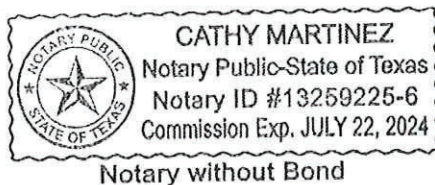


Jessica Riley
Manager II
Inmate Grievance Department
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 19th day of JULY, 2023.

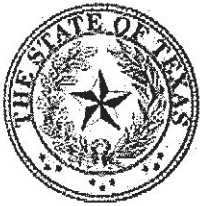


NOTARY PUBLIC, STATE OF TEXAS



Cathy Martinez
Notary's Printed Name

My Commission Expires:
July 22, 2024



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Jedidiah I. Murphy TDCJ # 999392

Unit: Polunsky Housing Assignment: 12/AA/02

Unit where incident occurred: Polunsky Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer Morianity, Officer Amos When? ~~July 5, 2023~~ July 5, 2023

What was their response? That they did not know anything about it

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

There is a statute in Texas law that states we are to be embalmed after execution and
I cannot be embalmed because of my being Jewish. I don't want to be embalmed because of my
religious beliefs and because it is against Mosaic/ Jewish Law. I am concerned about this
and that is why I am filing this grievance.

JUL 06 2023

JUL 06 2023

Action Requested to resolve your Complaint.

That TDCJ (NOT) embalm me because it is a violation of my religious rights and beliefs.

Offender Signature:

Reddick L. Murphy

Date:

7/5/23

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☒ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature:

S. Losoya S. Losoya UGI II

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: *SL*

Grievance #: *2023127342*

Screening Criteria Used: *#8 999*

Date Recd from Offender: *JUL 06 2023*

Date Returned to Offender: *JUL 06 2023*

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 OFFENDER
GRIEVANCE FORM

Offender/Name: Jedidiah I. Murphy TDCJ # 999392
Unit: Polunsky Housing Assignment: 12/AA/02
Unit where incident occurred: Polunsky Unit

OFFICE USE ONLY

Grievance #: 2023110165
UGI Recd Date: JUN 23 2023
HQ Recd Date: JUN 27 2023
Date Due: 8-2-23
Grievance Code: 020
Investigator ID#: I1600
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

The response is insufficient because TDCJ continues to incorrectly define the term
"expired". I believe TDCJ is using expired drugs for executions. TDCJ is not
following execution protocols. I believe the lethal drugs are not pentobarbital. For
these reasons, my execution will violate State law and my Texas and Constitutional
rights.

Offender Signature:

Jedidiah L. Murphy

Date:

6/22/23

Grievance Response:

Your claims have been investigated by the Central Grievance Office. TDCJ does not and will not use expired drugs to perform any execution. No further action is warranted by this office.

Signature Authority:

J. Eel

Date:

6/28/23

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2023110165
Date Received: MAY 25 2023
Date Due: 7/4/23
Grievance Code: 020
Investigator ID #: I2845 I2879
Extension Date: _____
Date Retd to Offender: JUN 13 2023

Offender Name: Jedidiah T. Murphy TDCJ # 999392
Unit: Polunsky Housing Assignment: 12/AA/02
Unit where incident occurred: Polunsky Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Enriques/officer Morris When? 5/25/23

What was their response? Officer Morris had no answer and neither did the warden

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I believe TDCJ is using expired drugs for executions. TDCJ is not following execution protocols. I believe the lethal drugs are not pentobarbital. For these reasons, my execution will violate State law and my Texas and Federal Constitutional rights.

Action Requested to resolve your Complaint.

For TDC to use the proper drugs in executions and to stop storing and administering pentobarbital in a way that violates accepted scientific guidelines.

Offender Signature: *Deidra Murphy*

Date: 5/25/23

Grievance Response:

TDCJ does not and will not use expired drugs to perform any execution. No further action is warranted at this time.

Signature Authority:

B. JACKSON, WARDEN

Date: JUN 09 2023

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
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- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____